



ALABAMA DEPARTMENT OF REVENUE
PROPERTY TAX DIVISION
Expense Account
Board of Equalization

ADV: BE-11
4/07

for _____ COUNTY

This is to certify that the above County's Equalization Board has incurred travel expense(s) in performance of its official duties for the month of _____, 20_____.

[Signature]

Total amount due by state, county, and city at State Mileage Rate _____ per mile.....\$_____

Amount to be paid by state of Alabama

Amount to be paid by county of _____ \$_____

Amount to be paid by city of _____, \$ _____

We certify that the above claim is correct, due and unpaid, and request that warrant be issued to _____
County Board of Equalization.

CHAIRMAN

MEMBER

MEMBER

Sworn to and subscribed before me this _____ day of
_____, 20___.

[Handwritten signature]

NOTARY PUBLIC

DATE

APPROVED FOR PAYMENT, ALABAMA DEPARTMENT OF REVENUE

BY: _____
COMMISSIONER

Submit original and two copies (three if city pays one-third) to **Alabama Department of Revenue, Property Tax Division, P.O. Box 327210, Montgomery, AL 36132-7210**